## BEST AVAILABLE COPY



## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

991837592

HN7314126

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		- 4			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	<b>3</b> minus 3 =		100			X40=		OR	X80=			
ΜŲ	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=		
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	710	
	С	LAIMS AS A	MENDED - PART II								OTHER THAN		
		(Column 1)	(Colun			(Column 3)		SMALL		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 31	Minus	., ح م	\	= )		X\$ 9≃		OR	X\$18=	18	
	Independent	NTATION OF MU	Minus			=		X40=		OR	X80=		
	FINST PRESE	NIATION OF MO	LIIPLE DEF	ENDEN	CLAIM			+135=	,	OR	+270=		
TOTAL OR ADDIT. FEE OR ADDIT. FEE											TOTAL ADDIT. FEE	18	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	•••	CI AINA	= -		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CEAIN		' [	+135=		OR	+270=		
					•			TOTAL		OR	TOTAL		
	ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	7,	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•• .		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OB	X80=	···	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR			
• •	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		mber Previously Pai					er foun	nd in the app	propriate box				